



## **ERIE COUNTY WATER AUTHORITY INTEROFFICE MEMORANDUM**

TO: Jerome D. Schad, Chair  
Peggy A. LaGree, Vice Chair  
Michele M. Iannello, Treasurer

FROM: Terrence D. McCracken, Secretary to the Authority

DATE: July 14, 2025

SUBJECT: NYSLRS Certificate of Compliance

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New York State and Local Retirement System ("NYSLRS") has requested the Authority complete a Certificate of Compliance with Electronic Signatures and Records Act and Regulations for Membership Applications. Applications for membership in NYSLRS require an electronic signature and must be completed through a method that ensures the authenticity, integrity, security, and, where relevant, confidentiality of the application.

As the Secretary to the Authority and the Personnel Department Head, by submitting this Certificate of Compliance, I am certifying that the electronic signatures have been obtained in compliance with the Electronic Signatures and Records Act and its associated regulations.

A resolution to approve the execution of NYSLRS' Certificate of Compliance has been included for your consideration at the meeting of July 23, 2025.

Thank you for your consideration in this matter.

TDM:alh

**ERIE COUNTY WATER AUTHORITY  
AUTHORIZATION FORM  
For Approval/Execution of Board Meeting Documents**

**Document Name:** \_\_\_\_\_ **Project No.:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Item Description:**

Choose one:

Other: \_\_\_\_\_

**Action Requested:**

Choose one:

Other: \_\_\_\_\_

**Approvals Required:**

**APPROVED AS TO CONTENT:**

Chief Financial Officer \_\_\_\_\_ Date: 07/14/2025

Chief Operating Officer \_\_\_\_\_ Date: 7/15/2025

Claims Rep. – Risk Manager \_\_\_\_\_ Date: \_\_\_\_\_

Comptroller \_\_\_\_\_ Date: \_\_\_\_\_

Director of Administration \_\_\_\_\_ Date: \_\_\_\_\_

Director of Distribution \_\_\_\_\_ Date: \_\_\_\_\_

Director of Human Resources \_\_\_\_\_ Date: \_\_\_\_\_

Director of IT \_\_\_\_\_ Date: \_\_\_\_\_

Director of Production \_\_\_\_\_ Date: \_\_\_\_\_

Director of Water Quality \_\_\_\_\_ Date: \_\_\_\_\_

Executive Engineer \_\_\_\_\_ Date: \_\_\_\_\_

General Counsel (Legal) \_\_\_\_\_ Date: 7/14/2025

Other: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED FOR BOARD RESOLUTION:**

Secretary to the Authority \_\_\_\_\_ Date: 07/15/2025

**Remarks:** \_\_\_\_\_

**Resolution Date:** \_\_\_\_\_ **Item No:** \_\_\_\_\_

Certificate of Compliance with  
Electronic Signatures and Records Act and Regulations  
for  
MEMBERSHIP APPLICATIONS

The Electronic Signatures and Records Act (ESRA) gives electronic signatures the same force and effect as signatures produced by non-electronic means, so long as the entity or person signing or accepting an electronic signature complies with ESRA and its associated regulations.

In accordance with ESRA and its associated regulations, an electronic signature must be attached to or logically associated with an electronic membership application, executed by a person with the intent to sign the application, identify the signer, and be signed via a process that ensures the authenticity, integrity, security, and, when appropriate, confidentiality of the application.

By submitting an electronically signed membership application and completing this form, the undersigned, on behalf of the employer organization named below, certifies that the electronic signature(s) have been obtained in compliance with ESRA and its associated regulations.

The law governing electronic signatures is contained in the New York State Technology Law, Article 3, Section 304. <https://www.nysenate.gov/legislation/laws/STT/A3>

The regulations governing electronic signatures are contained in Title 9 of the New York Code, Rules, and Regulations Subtitle N, Part 540.4

Additional guidance can also be found through the New York State Office of Information Technology Services. <https://its.ny.gov/electronic-signatures-and-records-act-esra-regulation>

By signing this form, the undersigned represents that all electronically signed membership applications submitted by the employer organization, including those submitted previously, have been completed in accordance with ESRA and its associated regulations. Please be advised that if the employer organization discontinues compliance with ESRA and its associated regulations, the organization must provide the New York State and Local Retirement System (NYSLRS) with timely written notification of the entity's non-compliance.

Upon NYSLRS' request, the undersigned shall provide documentation demonstrating compliance with ESRA and its associated regulations.

I, the undersigned authorized individual, hereby certify on behalf of the named NYSLRS employer, that the attached electronic signature(s) have been obtained in compliance with the requirements of ESRA and its associated regulations.

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Name of Employer Organization

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Employer Street Address

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Employer City, State, Zip

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Signature of Authorized Representative

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Date

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Printed Name of Authorized Representative

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Title of Authorized Representative

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Authorized Representative Telephone

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Authorized Representative Email